

Supplement 1 to Attachment 3.1-B  
State Wisconsin

Page 14a

24. Any Other Medical Care.

- a. Transportation Services Non-emergency transportation by air and water ambulance requires prior authorization. Ambulance service restrictions include, but are not limited to: medical order requirements for non-emergency services, trip purpose limitations, and pick-up and destination point limitations.
- Specialized medical vehicle transportation services are provided only to recipients with prescriptions documenting their inability to use common carrier transportation (such as private auto, bus, taxi). Eligibility standards are established for second attendant services. Within Department-established restrictions, unloaded mileage is a covered service utilizing specified mileage zones. Trips over a specified upper mileage limit require prior authorization.
- b. (Reserved)
- c. Care and Services provided in a Christian Science Sanatoria. Services are covered only to the extent that they are the equivalent of the inpatient services furnished by a hospital or skilled nursing facility.

TN #95-026  
Supersedes  
New

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Effective Date 4/1/95

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Nutrition Counseling

Nutrition counseling for high risk pregnant and postpartum women (up to 60 days after delivery) is medically necessary nutrition instruction and guidance to ameliorate a pregnant woman's identified risk factors as determined by the Department-sanctioned risk assessment, and may include, but is not limited to, the following areas:

1. weight and weight gain;
2. biochemical and dietary factors;
3. previous and current nutrition-related obstetrical complications;
4. psychological problems affecting nutrition; and
5. reproductive history affecting nutritional status.

21. Ambulatory Prenatal Care for Pregnant Women. These services are  
Eff. subject to the same limitations which pertain to the respective  
9-1-87 areas of service.

22. Respiratory Care Services. Prior authorization is required prior  
Eff. to services being rendered. Reimbursement is not available if the  
8-9-89 recipient is already receiving this care as part of the rental  
agreement for a ventilator or other necessary equipment with a  
durable medical equipment provider. Respite services are not  
covered.

23. Pediatric or Family Nurse Practitioner Services. Services are  
Eff. subject to limitations imposed on specific disciplines within the  
4-1-93 scope of practice of the nurse. These services include medical  
services delegated by a licensed physician through protocols,  
pursuant to the requirements set forth in the Wisconsin Nursing Act  
and the guidelines set forth by the medical examining board and the  
board of nursing. Other practitioner services are subject to the  
same limitations imposed on physician services under item #5 to  
enable the Department to monitor and regulate the following:  
medical necessity, cost, frequency and place of service.

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upper mileage limit require prior authorization.

- b. (Reserved)

TN #95-009  
Supersedes  
TN #93-024

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Eff. HealthCheck (EPSDT) Other Services

1-1-98

In addition to services provided elsewhere in this Plan, HealthCheck (EPSDT) recipients may receive, if medically necessary and prior authorized, the following services:

1. Mental Health

- a. In-home psychotherapy
- b. Mental health day treatment
- c. Specialized psychological evaluation for conditions, such as children with sexually deviant behavior, where a limited number of providers are qualified. The evaluation includes components not included under outpatient psychotherapy services.

2. Dental

- a. Oral examinations exceeding the limitations for adults
- b. Single unit crowns

3. Otherwise Non-Covered Over-the-Counter Medications

Certain commonly required medications such as multivitamins require only a prescription and not prior authorization.

**OFFICIAL**

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